

Your Guide to Bariatric Surgery





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Chapter One – General Information

Welcome to the BayCare Comprehensive Bariatric Surgery Program

This guide will help you learn more about weight loss surgery and how to move toward weight loss success. Learning as much as you can about your digestive system and your surgical procedure will help you play an active role in your recovery.

Please read the entire guide before surgery. **Bring the guide with you when you come to the hospital for your weight loss surgery procedure.** Review any questions with your doctors, nurses, dietitian, fitness expert or bariatric program manager. They will answer questions and help you and your family on your weight loss journey.

This guide has been prepared for information only. It should not be considered a substitute for medical advice.

Meet Your Team

At the hospital, your surgeon is supported by a strong and talented team. These team members will help you prepare for surgery. They will make your hospital stay as comfortable as possible and help you recover as quickly as you can. Members of your team include:

Internal Medicine Specialist/Hospitalist (Physician)

A medical doctor may follow your care and manage your current conditions during your hospital stay.

Nurses

Licensed nurses will help coordinate your activities and provide your care. Along with your bariatric program manager, your nurse will be in charge of your personal care, pain management and discharge planning. The registered nurse (RN) and licensed practical nurse (LPN) wear royal blue or white scrubs.

Bariatric Program Manager

Your bariatric program manager coordinates your preoperative appointments and care, and helps guide you through the surgery process. Your program manager will also help coordinate your care while you are in the hospital and will assist you and your family during your hospital stay.

Nurse Manager

Registered nurse managers will oversee your care while you are in the hospital. Your satisfaction is very important to them. Do not hesitate to contact the appropriate manager for any reason. Nurse managers wear royal blue or white scrubs with a white lab jacket.

Patient Care Leader (PCL)

This is a specialized nurse who will help coordinate your care with your doctor, primary nurse and other health care professionals. They wear royal blue or white scrubs.

Patient Care Tech (PCT)

The patient care tech works under the direction of an RN or LPN. They take your vital signs and assist you with activities such as bathing or getting to the bathroom. The PCT wears light blue scrubs.



Chapter One – General Information

My Bariatric Team

Bariatric Surgeon:

Physician Assistant:

Bariatric Surgery Coordinator:

Bariatric Program Manager:

Fran Russell, RN, CBN
(727) 825-1490 | frances.russell@baycare.org

My Life Goals After Surgery

I want to be able to enjoy:

1. _____

2. _____

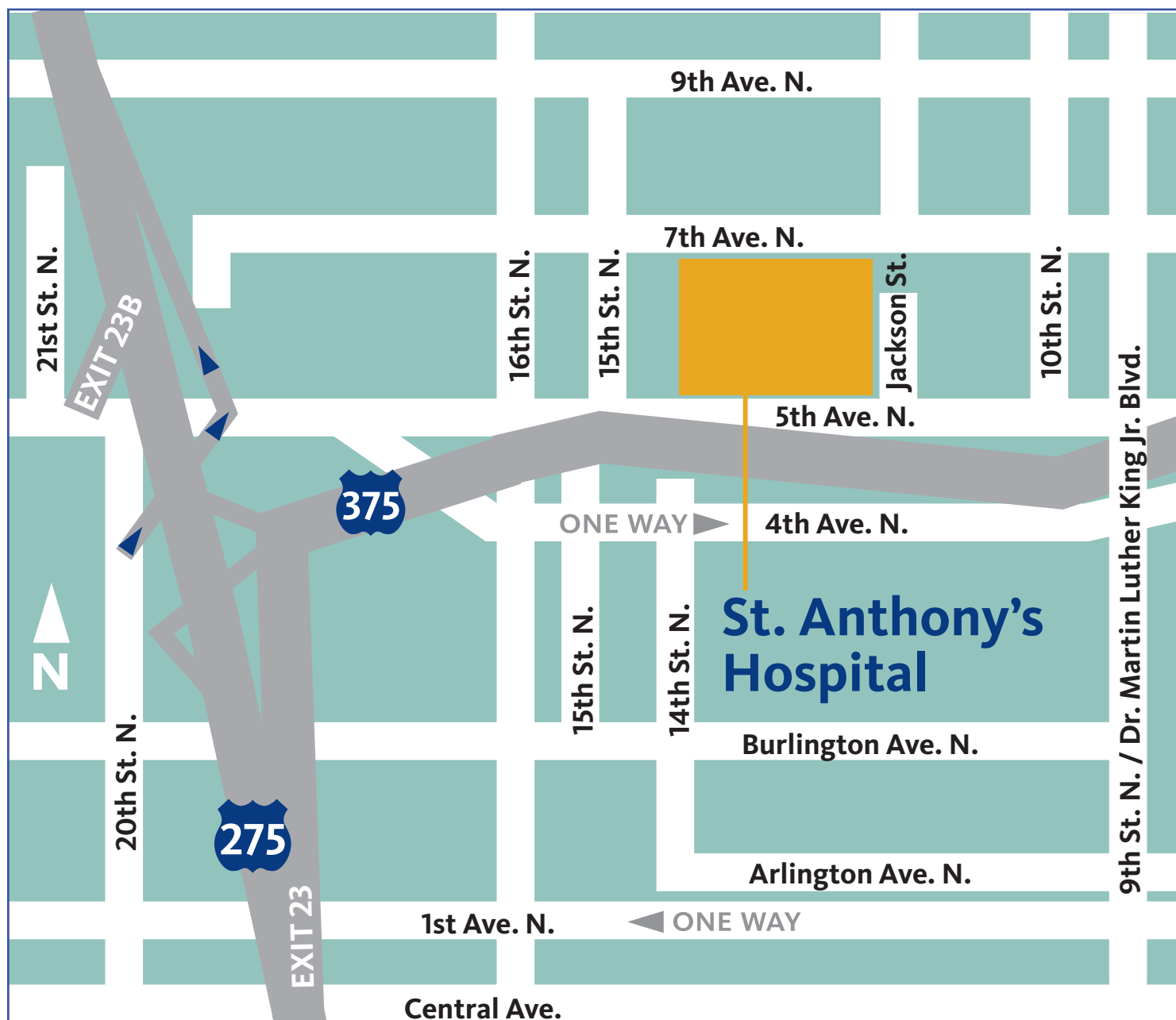
3. _____



Chapter One – General Information

How to Get Here

St. Anthony's Hospital Map



Tobacco-Free Campus

To promote a healthy lifestyle, BayCare hospitals are tobacco-free and there are no smoking areas. Studies have shown that smoking negatively impacts healing, including the internal healing necessary with weight loss surgery. If you or a loved one smokes, you might want to

consider stopping prior to surgery. If you need a nicotine patch during your hospital stay, let your physician know and one will be ordered. Free resources include QuitNow at QuitNow.net/Florida or (877) U-Can-Now (877-822-6669).

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Chapter Two – Your Digestive System



The Role of Leptin and Ghrelin

Ghrelin

Ghrelin is a hormone which helps ensure that the body gets enough food. This hormone may also work against the body—it can encourage eating more food than required to meet your individual nutritional needs. This typically results in weight gain.

Leptin

Leptin is another hormone that helps us turn off our hunger signals when our body is properly fueled. When leptin levels are low, the body has difficulty turning off hunger signals. This typically results in weight gain.

The Importance of Sleep

According to a recent scientific study, poor sleep results in weight gain and an increased incidence of obesity. Poor sleep may also be a factor in diabetes, certain cancers, high blood pressure and premature death.

Sleep Apnea and Surgery

Immediately after surgery, it is common to continue to feel the effects of the anesthesia used during surgery. You may experience shallow breathing; postoperative pain and the medications used to treat it also contribute to this. If you have sleep apnea, you already experience breathing issues. The combination of the postoperative anesthesia with sleep apnea is very dangerous. Bring your CPAP equipment with you to the hospital. It is vital that you use your CPAP equipment before and after surgery.

Still, C., Sarwer, D., and Blankenship, J. (2014). The ASMBS textbook of bariatric surgery (Vol. 2: Integrated Health, p. 127). New York: Springer.

Chapter Two – Your Digestive System

Weight Loss Surgery Options

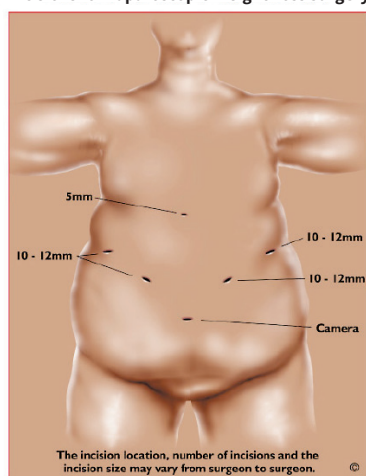
All surgeries are done laparoscopically, which means the surgeon makes several small incisions on the abdomen. Using a scope and long instruments, he and the surgical team can clearly see what they are doing on large television screens, which are connected to the scope with a camera.

- **Restrictive only:** Adjustable gastric band
- **Restrictive and metabolic:** Gastric bypass and sleeve gastrectomy

Advantages:

- Fewer wound complications
- Lower chance of infection
- Lower chance of herniation
- Less pain and faster recovery
- A better view of your anatomy for the surgeon

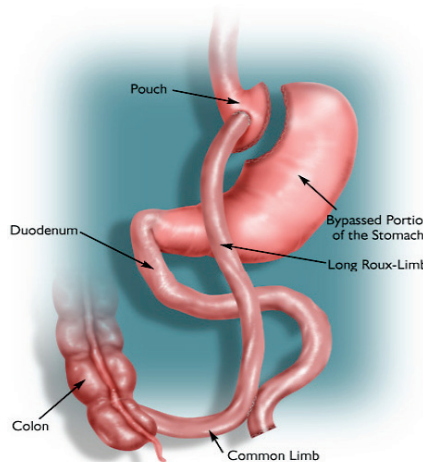
Incisions for Laparoscopic Weight Loss Surgery



Gastric Bypass

How does it work?

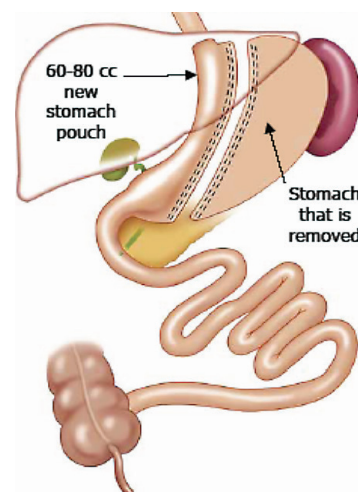
This option helps you lose weight by changing how your stomach and small intestine handle food. After surgery, your stomach will be smaller and you will feel full with less food. The food you eat will no longer go into some parts of your stomach and small intestine. Because of this, your body will not absorb all the calories or nutrition from the food you eat. This surgery also will lower your body's "set point," helping you lose weight and maintain your weight loss.



Gastric Sleeve

How does it work?

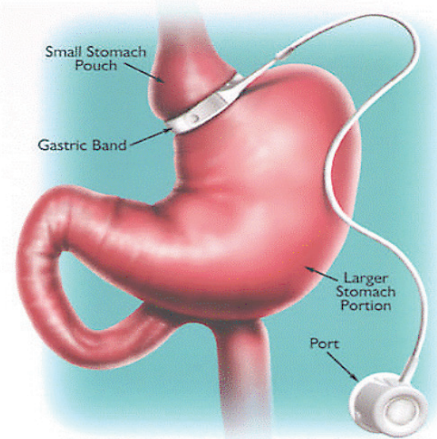
This option helps you lose weight by making your stomach smaller and by changing the way your hormones interact with your digestive system. Because the surgeon removes at least 2/3 of your stomach, including the part where most of the hormone ghrelin is made, you will not be hungry. You will feel full after eating a very small amount. In addition, this surgery also will lower your body's "set point," making it easier for you to lose weight and maintain your weight loss.



Gastric Banding

How does it work?

The surgeon places a silicone band around the upper part of your stomach. This creates a small pouch with a narrow opening that goes into the lower part of your stomach. This option does not involve any cutting or stapling inside your belly. After surgery, your small stomach pouch will fill up quickly (although you may not notice this until after you have a simple office procedure called a band fill). You will feel full after eating a small amount of food. The food in the small upper pouch will slowly empty into the main part of your stomach.





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Chapter Three – Getting Ready for Surgery

Medical History and Physical Exam

No surgical procedure can take place until we review your overall health and medical history. The surgeon also needs to ensure that you are healthy enough to undergo surgery. Your primary care physician will need to provide a letter of medical clearance and your surgeon will examine you to determine your current health status.

You may be directed to continue taking any medications until the day of your surgery. Or you may need to stop taking certain medications before surgery. Talk with your doctor about which medications to take and which to stop. It is very important that you tell your doctor about all medications you take, prescription or over-the-counter. Aspirin products and medications such as ibuprofen (the active ingredient in Advil and Motrin), naproxen (Aleve), and aspirin (Excedrin) may need to be stopped several days before your surgery and **must not be taken after your surgery due to possible stomach irritation**. This may also be true for diet pills, vitamin E and herbal supplements such as echinacea, ephedra, garlic, ginkgo, ginseng, kava and St. John's Wort.

Insurance Coverage

Health care benefits are constantly changing. It is important for you to understand your benefits before having surgery. Call your insurance company or review your benefits with your surgeon's office and/or program manager prior to surgery to find out if you have weight loss surgery coverage.

Health Care Directives

A health care directive (also known as a living will) gives the person of your choice the power to act on your behalf during any medical emergency. This document is used to ensure that your wishes are followed even if you can't communicate them. A health care directive goes into effect when:

- You are in a coma or near death
- You cannot communicate your wishes through speech, in writing or by gestures

If you don't have a living will, you may request one when you are admitted to the hospital. Ask an admissions representative for a living will form. Since the medical team must know of your health care directives, **bring a copy of your living will to the hospital with you**. It will become a part of your records.

Discharge Planning

Typically, the hospital stay for bariatric surgery is one to two nights. However, there may be a situation when you may need to stay longer. We will work with you to develop a discharge plan so that you can make arrangements before surgery. General discharge goals include the ability to drink an adequate amount of fluids, move around with little assistance, urinate, indicate that your bowels are moving (passing gas or bowel sounds), and adequate pain control (on a 0–10 scale, your pain should be at a five or below), and a good understanding of your nutrition plan.

Home Health Care

Although this is not typical, some patients may need assistance beyond what family and friends can provide. Home health workers can help. BayCare can supply home health care workers who are specially trained in weight loss surgery to help you walk, regain strength and complete daily tasks. They also monitor your condition and safety.

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Chapter Four – Caring for Yourself: Presurgery Preparations

Preparing for Your Return Home

Homecoming should be a joyful experience. Remember that although you still look like you, your body has changed. You may feel afraid or anxious on how to manage your new body. You can also experience excitement, sadness, grieving or other mixed emotions, which may surprise you. You may even feel regret at your decision to have surgery. This is normal and should get better. If you need help dealing with your feelings, contact your surgeon's office or program manager. Some things to consider prior to discharge:

- Review the “Weight Loss Surgery Nutrition Advancement Guide” that was given to you during your visit with the dietitian.
 - Keep several canisters of whey protein isolate on hand in assorted flavors, including unflavored.
 - Have sugar-free drinks available, such as Crystal Light, in your favorite flavors.
 - Clean out your cabinets, removing any food items that may be difficult for you to keep from eating.
 - Purchase measuring cups and a small food scale to help you to portion your foods.
 - Be sure to purchase chewable bariatric vitamins.
- If you are an emotional eater, you may find yourself replacing food with other unhealthy habits. Ask for help even if you aren't sure you need it.
- Medications
 - Be sure that all your medications can be broken or crushed and taken one at a time. If they are coated for your stomach or time-release pills, they may NOT be broken or crushed. If they are 1mm size (the size of a Tic-Tac mint) or smaller, they may be swallowed whole. If your medications are available in a liquid form, you may ask your doctor to prescribe them that way before your surgery. Call your pharmacist with any questions regarding your medications.
 - Purchase liquid Tylenol in adult strength. You may not take ibuprofen or aspirin as these may harm your stomach lining. If your prescription pain medication contains acetaminophen (Tylenol) do NOT use any other form of acetaminophen (Tylenol) while taking it.

What to Pack

Bringing a few items from home can make your hospital stay more comfortable. We suggest you bring:

- Nonskid, closed-heel-to-toe slippers or sneakers for walking
- A toothbrush, toothpaste, mouthwash or denture supplies
- A comb or hairbrush
- Shaving supplies or cosmetics

Bring no more than \$5 cash to the hospital and leave jewelry and other valuables at home. We prefer that you wear a hospital gown rather than your own nightgown or pajamas. We supply plus-sized gowns for your comfort.

The Day Before Your Surgery

- Follow your anesthesia instructions regarding eating and drinking. **Your surgery may be delayed or cancelled if you don't follow these instructions.**
- Report any changes in your condition to your physicians. Some problems may require postponing your surgery. These include a sore throat, a cold, a fever, dental problems, difficulty urinating and skin conditions such as rashes or abrasions.
- Be sure to follow any presurgical prep instructions given by your surgeon, such as a bowel prep or abdominal washing. Common bowel preps include a laxative-type pill such as Dulcolax or a drink such as magnesium citrate. **Failure to follow these instructions may result in cancellation of your surgery.** If you have any questions regarding your instructions, please ask your surgeon or program manager.

The Morning of Your Surgery

- If you have been instructed to take medication in the morning, swallow them with only a small sip of water. **DO NOT** drink or eat anything unless instructed by your surgeon.
- Bathe or shower.
- Allow plenty of time to arrive at the hospital as directed.
- If you use a CPAP or BiPAP, **you must bring it to the hospital.** Failure to do so may delay your surgery.

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Chapter Five – Surgery and Recovery



At the Hospital

Being in the hospital may be an unusual experience for you. This list may help you understand the hospital routine.

- When you arrive, you will meet with a nurse. He/she will help review what you can expect before and after surgery.
- You will receive a hospital gown and a bag for your clothes and belongings.
- You will be admitted to the presurgical area. Friends and family members may wait with you. A nurse will take your vital signs and ask you questions to prepare you for surgery.
- You will be wheeled via stretcher to the surgery holding room, where you will be introduced to your surgical team. Your friends and family will be shown to the waiting area outside the operating room. While you are in the holding room, an intravenous (I.V.) line will be started. You will get medication through the I.V. to make you feel relaxed and comfortable.
- You will then undergo surgery. This process can vary in length. The actual operation is only one part of your time in the operating room. The rest of the time is spent preparing you for surgery.

- After the procedure, you will be placed on your bed and taken to the Post-Anesthesia Care Unit until you wake up. The waking-up process usually takes from one to two hours. During this time, your surgeon, nurse and/or program manager will talk with your family and friends.
- The anesthesiologist and recovery room nurse will care for you as you awaken. You may wake up with an oxygen mask or, if you use a CPAP, you may find that it has been placed on you. You might experience dry mouth, blurred vision, chills or pain. Your nurse will monitor your vital signs and make you as comfortable as possible.
- When you are fully awake and medically stable, you will be transferred to the Medical/Surgical floor where you will be placed in a bariatric-friendly room.

Keeping You Safe

Keeping you safe is our top priority. We will regularly ask you to identify yourself by stating your name and birth date and we will compare it to your identification armband. This ensures we provide you with the right treatment, tests and medications. One of our goals is to prevent the spread of infection. Your health care team will wash their hands with soap and water or use alcohol gel before and after they see you. If you have concerns that your health care provider has not washed his or her hands, please speak up and let them know. Your doctor will also order I.V. antibiotics before and sometimes after your surgery to help prevent surgical site infections.

Chapter Five – Surgery and Recovery



About Anesthesia

Anesthesia is a type of medication that causes you to lose sensation so that you feel no pain. For weight loss surgery, you must have general anesthesia. This type of anesthesia acts primarily on the brain and nervous system and eliminates sensations of pain. General anesthesia is administered by injection into your I.V. or by inhaling it. Your level of sleep is closely monitored to ensure that you will not awaken during the operation. An anesthesiologist or certified registered nurse anesthetist will give you anesthesia. Your doctor or nurse will evaluate your medical status and discuss the anesthesia process with you before the surgery.

Managing Your Pain

Although most patients who undergo weight loss surgery have minimal pain (less than 5 on 0–10 scale), all patients have the right to pain management. Treating pain is an important part of your care and recovery. Only you can describe the type and degree of pain you are having. The pain caused by surgery may be more severe at first, but it will ease as your body heals. A common area for pain is in your shoulder area. The carbon dioxide gas put into your abdominal cavity during surgery causes this. Moving around may help this pain, as well as an anti-gas medication. If you had a hiatal hernia repair during your surgery, your shoulder pain may be more severe and last longer.

We expect that you will:

- Assist your team in measuring your pain. Your nurses will ask you to rate your pain on a scale in addition to checking your level of sleepiness, vital signs, etc.
- Discuss pain relief options with your team to develop a plan for pain management.
- Ask for pain relief when pain first begins and before any activity that might cause pain.
- Tell your team about any worries you have about taking pain medications.

Measuring Your Pain

To help measure your pain, we will ask you to rate it before and after a dose of pain medication. You will rate your pain on the 0–10 pain scale below:



Chapter Five – Surgery and Recovery

Pain Medications

There are different methods by which we give you medications to treat your pain:

- **I.V.:** Dilaudid, morphine, fentanyl and ofirmev are the most common pain medications used after surgery. For the first 24 hours after your surgery, you will receive medication through the PCA pump (see below).
- **Oral:** Once you are cleared to begin the bariatric sugar-free clear liquid diet and you are able to tolerate the diet, you will be given an oral medication for home pain relief. Because this medication contains Tylenol, do NOT take any additional Tylenol once you are at home.

The most common side effects associated with narcotics used for pain include:

- | | |
|------------------------------------|----------------------|
| ■ Decreased respirations/breathing | ■ Constipation |
| ■ Drowsiness | ■ Rash |
| ■ Nausea/vomiting | ■ Itching |
| ■ Dizziness | ■ Dry mouth |
| | ■ Decreased appetite |

In order to prevent excessive bleeding as well as irritation of your stomach, avoid taking Advil, Aleve, Anacin, aspirin, ibuprofen, Indocin, Mobic and Motrin. If you feel you need to take these drugs, talk to your surgeon. You may take acetaminophen (Tylenol) in a liquid form. **Do not take Tylenol along with the prescription pain medication given to you by your surgeon, as this may already contain Tylenol.**

Patient-Controlled Analgesia (PCA) Pump

This method allows *you* to control the amount of pain medication you receive.

- The nurse will show you how to use the pain control button on the pump.
- The pump makes a beeping noise when you press the button for your pain medication. Listen for this sound to make sure you pressed the button correctly. The pump also has an alarm. If the alarm sounds, call the nurse.

- The pump is set so that you cannot give yourself any additional medication until the last dose takes effect. This is usually 6–10 minutes after the previous dose. It takes 6–10 minutes for the medication to work.
- Some patients feel sick when using the PCA pump. If this happens to you, your nurse can give you anti-nausea medication. If the nausea persists, an alternate method of pain medication can be discussed.
- Keeping your pain controlled will help you heal faster. Use the pain control button 10 minutes before getting out of bed, especially the first time. **CAUTION:** Be sure that someone is there to help you avoid falling.
- Not all surgical pain can be relieved, but you can be made comfortable. Tell your nurse about any pain that will not go away.
- Call the nurse if you experience nausea, vomiting, itching or difficulty in passing urine or bowel movements.
- To prevent over-medication, only you are to press the pain control button. Sleepiness and the lack of desire to press the button is a sign that you are getting enough medication.
- **Don't** use other medications, including street drugs or alcohol. They may put you at risk for life-threatening problems.
- Don't worry about getting "hooked" on pain medication. The amount of pain medication you give yourself is about one-tenth the amount of medication you would receive if the nurse were to give you a pain shot.
- The pump that delivers your medication is an electrical device and must travel with you wherever you go.
- **REMEMBER:** Pain prevention and control brings short-term and long-term relief and healing benefits. Be sure to report any pain to your doctor or nurse.

PCA Content Reference:

- Pain Control After Surgery, A Patient's Guide, AHCPR Rub. No. 92-0021, Rockville, MD
- Agency for Health Care Policy and Research Public Health Service, U.S. Department of Health and Human Services, February 1992.
- Patricia Donnelly, Coordinator, Clinical Nursing Education (Updated by Margo McMonis, Coordinator, Clinical Nursing Education)

Chapter Five – Surgery and Recovery

Preventing Complications

After surgery, your body is weak and at a greater risk for infection and other health problems. You and your caregiver can help reduce the chance of postsurgical complications.

- Nurses will measure your blood pressure, temperature and pulse.
- To improve your circulation and strength, walking is encouraged.
- When in bed, wear the compression leg wraps given to you before your surgery.
- Use your incentive spirometer each hour while you are awake. Also, perform deep breathing and coughing exercises.
- Your incisions/dressings/drain (if present) will be checked regularly.
- You will have an I.V. It is important that you are able to drink fluids without difficulty before it will be removed.
- You will have a catheter in your bladder that will be inserted during surgery. It will be removed the morning after surgery. If you cannot urinate once your catheter has been removed, tell your nurse.

Postoperative Respiratory Exercises

An incentive spirometer is a device that helps with lung expansion (expanded lungs are healthier lungs). Taking slow, deep breaths and coughing periodically will help keep your lungs clear. Use your incentive spirometer every hour while you are awake. If you feel lightheaded or dizzy, you may be overdoing it. Stop and rest. Resume deep breathing when you feel better.

Using an Incentive Spirometer

Exhale completely and close your lips tightly around the mouthpiece. Inhale slowly and deeply, keeping the small blue ball between the two arrows. When you cannot inhale anymore, hold your breath for six seconds, then exhale slowly. Repeat as often as prescribed by your doctor.



How to Use an Incentive Spirometer

Chapter Five – Surgery and Recovery

Patient Care Plan – Gastric Banding

Day of Surgery

Activity plan <ul style="list-style-type: none">You will be encouraged to get out of bed and walk.You must be able to walk comfortably before you will be released from the hospital.
Diet <ul style="list-style-type: none">You will be given small sips of water and a journal to write down your fluid intake. You will drink 1 ounce every 30–60 minutes, depending on your surgeon's orders.You must be able to drink fluids without vomiting before you will be released from the hospital.You will drink only bariatric sugar-free clear liquids for the next two post-op days. Follow the nutrition advancement guide.
Pain control <ul style="list-style-type: none">Use the pain scale.Be sure to ask the nurse for pain medication for pain at a four or higher on the pain scale.Tell your nurse the effects of the pain medication.
Breathing exercises <ul style="list-style-type: none">Ten times each hour while awake you should:<ul style="list-style-type: none">CoughTake deep breathsUse the incentive spirometerUse your CPAP machine while napping or sleeping if you have sleep apnea.
Equipment in your room or attached to your body may include: <ul style="list-style-type: none">An I.V.Compression devices on your legsEquipment for taking vital signs
Things to report to the nurse <ul style="list-style-type: none">Increase in painNausea or vomitingDifficulty swallowing fluids
Discharge plan <p>You will be allowed to go home when you:</p> <ul style="list-style-type: none">Are able to walkAre able to urinateCan drink without vomitingHave your pain under control (four or lower on the pain scale)
Discharge education <ul style="list-style-type: none">Pain managementDiet advancementWound careActivities and restrictionsMedicationsFollow up

Chapter Five – Surgery and Recovery

Patient Care Plan – Gastric Bypass and Gastric Sleeve

Day of Surgery

Activity plan

You will be encouraged to get out of bed to sit in a chair. You will also be encouraged to move from side to side.

Diet

- You will not be allowed to eat or drink.
- You may be permitted to have a few ice chips depending on your surgeon's orders.

Pain control

- Use the pain scale.
- Use pain medications as needed. You may have a PCA pump. Press the button as needed for pain.
- Tell your nurse the effects of the pain medication.
- Sometimes pain medication causes nausea. Tell your nurse if you experience this so they may give you an anti-nausea medication through your I.V.

Breathing exercises

- Ten times each hour you should:
 - Cough
 - Take deep breaths
- Use the incentive spirometer
- Be sure to use your CPAP machine while napping or sleeping if you have sleep apnea.

Other equipment in your room or attached to your body may include:

- An I.V.
- A urinary catheter in your bladder
- Compression devices on your legs
- Possibly a drain in your abdomen
- Equipment for taking vital signs

Things to report to the nurse

- Increase in pain
- Nausea or vomiting
- Drainage felt on your dressing
- Sudden onset of shortness of breath
- Any other concerns you may have

Chapter Five – Surgery and Recovery

Patient Care Plan – Gastric Bypass and Gastric Sleeve

First Day After Surgery and Remainder of Stay

Activity plan

- A nurse or patient care tech will assist you in getting out of bed.
- You will be assisted with walking in the hallways.
- You will be assisted into the bathroom for grooming.

Diet

- You will begin the bariatric sugar-free clear liquid diet.
- You will be given small sips of water and a journal to write down your fluid intake. You will be instructed to drink 1 ounce every 30 or 90 minutes, depending on your surgeon's orders.
- You must be able to drink fluids without vomiting before you will be released from the hospital.
- You will drink only bariatric sugar-free clear liquids for the next two post-op days. Follow the nutrition advancement guide.

Pain control

- Use the pain scale.
- Use pain medications as needed. You may continue to use the PCA pump. Press the button as needed for pain.
- Tell your nurse the effects of the pain medication.
- Sometimes pain medication causes some nausea. Tell your nurse if you experience this so they may give you an anti-nausea medication through your I.V.
- When you are able to drink fluids without nausea or vomiting, your PCA pump will be discontinued and you will be given a liquid pain medication by mouth.
- Common side effects of narcotic pain medications include:
 - Nausea/vomiting/dizziness
 - Dry mouth
 - Constipation
 - Decreased appetite
 - Rash/itching
 - Decreased breathing

Things to report to the nurse

- Increase in pain
- Nausea or vomiting
- Any drainage on your dressing
- Sudden onset of shortness of breath
- Any other concerns you may have

Discharge plan

- Most patients go home the first or the second day after surgery.
- Discharge education:
 - Pain management
 - Activities and restrictions
 - Diet advancement
 - Medications
 - Wound care
 - Follow up

Chapter Five – Surgery and Recovery

When Can I Go Home?

A smooth and speedy recovery depends on you following your patient care plan. By strictly following this plan, you will have a better chance of leaving the hospital on your scheduled day. The type of procedure you have and your general recovery will determine your length of stay. Your surgeon and bariatric manager will review this with you.

Discharge Instructions – Gastric Banding

Wound care

- Change the bandages as instructed by your doctor until he/she says you do not need them anymore. Change them more often if they get dirty or wet.
- Gently wash the wound areas with mild soap and water. Pat them dry with a clean towel. Do not rub them.
- You may remove the bandages and take a shower if sutures (stitches), staples or glue were used to close your skin, but only after your doctor approves.
- Do not try to wash off or peel off the steri-strips or glue. They will come off/fall off on their own.
- Do not soak in a bathtub, swimming pool or hot tub until your doctor approves.

Diet

Refer to the Weight Loss Surgery Nutrition Advancement Guide that you received before your surgery. You may request an electronic copy before leaving. Some reminders:

- Stop sipping as soon as you feel full. Never force yourself to finish.
- Amounts: Your goal is to consume at least 32 ounces of fluids each day, 1–2 ounces every 30 minutes.

Activity restrictions

- Avoid lifting anything heavy for three to six weeks. If it hurts, don't do it. Check with your surgeon before you resume any movement that will make you strain.
- You may drive when your surgeon says it is safe.
- Walking is good. You may walk upstairs and downstairs.

Signs and symptoms to report

- Temperature is above 101°F
- Incisions are bleeding, red, warm to the touch or have a thick, yellow, green or milky drainage
- Pain that your pain medication is not helping
- Cannot drink or eat, or you are vomiting after eating or drinking
- Shortness of breath and developing chest pain or a pain in your leg
- Your skin or the white part of your eyes turns yellow
- Stools are loose or you have diarrhea
- A rapid heartbeat

Pain management

- Do not hesitate to take pain medication prescribed by your doctor.
- Do not take ibuprofen (Advil, Motrin), naproxen sodium (Aleve), or aspirin (Excedrin) as these may harm the lining of your stomach. Talk to your doctor if you feel you need to take these drugs. You may take acetaminophen (Tylenol).

Follow-up appointments

- You will have several visits with your doctor in the first year after surgery. You may also see your dietitian and program manager.
- Strongly consider enrolling in the post-op “Success Program” to help to ensure weight loss success.
- You will likely have a visit with your doctor in the first month after surgery. Your doctor will check your wounds and see how your diet is going.
- After this, your visits will likely be every one to two months.
- Your goal for weight loss will be about 2–4 pounds a week.

Special instructions

Exercise and support groups are very important to your weight loss success. It is suggested that you attend a weight loss support group session once a month. In this group, you will continue to learn how to manage your new ways of eating, your new body and the changes in relationships that you may encounter. Go to TampaBayWeightLoss.org or call your program manager for more information or for a support group schedule.

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Discharge Instructions – Gastric Bypass/Sleeve

Wound care

- Change the bandages as instructed by your doctor until he/she says you do not need them anymore. Change them more often if they get dirty or wet.
- Gently wash the wound areas with mild soap and water. Pat them dry with a clean towel. Do not rub them.
- You may remove the bandages and take a shower if sutures (stitches), staples or glue were used to close your skin, but only after your doctor approves.
- Do not try to wash off or peel off the steri-strips or glue. They will come off/fall off on their own.
- Do not soak in a bathtub, swimming pool or hot tub until your doctor approves.

Activity restrictions

Begin to walk as soon as possible after surgery. Move around the house and use the stairs at home during the first week. If it hurts to do any activity, stop doing it. You should be able to resume most of your usual activities in four to eight weeks. Until then:

- Do not lift anything heavier than 10–15 pounds until your doctor approves. Do not do any activity that involves pushing or pulling.
- You may take short walks inside or outside, and you may go up and down stairs.
- Do not push yourself too hard. Increase activity slowly.
- If you are taking narcotic pain medication, DO NOT drive or use machinery because these medications may make you drowsy.
- If you have pain in your stomach, try moving around. This may help.
- If you need to cough or sneeze, hold a pillow firmly over your stomach for support. You should be able to start exercising regularly six weeks after surgery if your doctor approves.

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Diet

Refer to the Weight Loss Surgery Nutrition Advancement Guide that you received before your surgery. You may request an electronic copy before leaving. Some reminders:

- Stop sipping as soon as you feel full. Never force yourself to finish.
- Amounts: Your goal is to consume at least 32 ounces of fluids each day, 1–2 ounces every 30 minutes.

Signs and symptoms to report

- Temperature is above 101°F
- Incisions are bleeding, red, warm to the touch or have a thick, yellow, green or milky drainage
- Pain that your pain medication is not helping
- Cannot drink or eat, or you are vomiting after eating or drinking
- Your skin or the white part of your eyes turns yellow.
- Stools are loose or you have diarrhea
- Shortness of breath and/or worsening chest pain or pain in your leg
- A rapid heartbeat

Dumping syndrome (gastric bypass)

Symptoms of dumping syndrome can occur during your meal or to up to one to three hours after eating. Early symptoms (during a meal to 15–30 minutes following a meal) may include nausea, vomiting, abdominal pain, cramps, diarrhea, dizziness, lightheadedness, bloating, belching, fatigue, heart palpitations and rapid heart rate. Late symptoms (one to three hours after eating) may include diarrhea, dizziness, lightheadedness, fatigue, heart pounding, rapid heart rate, sweating, weakness, shakiness, feelings of anxiety, nervousness, fainting, mental confusion and low blood sugar (hypoglycemia). To avoid dumping syndrome:

- Avoid sugar and high carbohydrate food.
- Do not overeat or drink with meals.

Pain management

- Do not hesitate to take pain medication prescribed by your doctor.
- Do not take ibuprofen (Advil, Motrin), naproxen sodium (Aleve), and aspirin (Excedrin) as these may harm the lining of your stomach. Talk to your doctor if you feel you need to take these drugs. You may take acetaminophen (Tylenol).

Follow-up appointments

- You will have several visits with your doctor in the first year after surgery. You may also see your dietitian and program manager.
- Strongly consider enrolling in the post-op *Success Program* to help to ensure weight loss success.
- You will likely have a visit with your doctor in the first month after surgery. Your doctor will check your wounds and see how your diet is going.
- After this, your visits will probably be every one to two months.
- Your goal for weight loss will be about 2–4 pounds a week.

Special instructions

Exercise and support groups are very important to your success in losing weight and keeping it off. It is suggested that you attend a weight loss support group session once a month. In this group, you will continue to learn how to manage your new ways of eating, your new body and the changes in relationships that you may encounter. Go to TampaBayWeightLoss.org or contact your program manager for more information or for a support group schedule.

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Management of Postoperative Complications

Airway Obstruction

All patients are encouraged to **keep the head of the bed elevated** after surgery. If you have sleep apnea and use a **CPAP machine**, be sure to **bring your CPAP machine to the hospital on the day of surgery**. CPAP will be applied immediately after surgery when you wake from anesthesia. Respiratory therapy will also consult with you to make sure everything is working correctly.

Bleeding

Internal bleeding is a rare but serious complication after surgery. Signs and symptoms include heart rate over 120 beats per minute, fever and belly distention. For gastric bypass and sleeve gastrectomy, your blood is tested for type as a standard admission procedure in the event a blood transfusion is needed.

Bypass Leak

A leak can occur at the site where the intestines are connected to the new stomach pouch. This is a rare but serious complication of gastric bypass surgery. Follow a nutrition plan as instructed to lessen the stress to the suture site. Signs and symptoms include unexplained increased heart rate over 120 beats per minute and left shoulder pain.

Deep Vein Thrombosis (DVT)

Blood clots can form in your legs as a result of surgery and decreased activity. Medical prevention consists of compression therapy to your legs and medication (lovenox or heparin) during your hospital stay to prevent clots. **Walking as soon as possible after surgery** will improve circulation and help prevent blood from pooling in your legs. Signs and symptoms include a calf that is swollen and warm to the touch.

Emotional Changes

Be prepared for emotional ups and downs after you go home from the hospital. If these feelings continue or get worse, contact our office.

Esophageal Spasms (Bypass)

Some patients will experience an occasional tightness and pain in the upper abdomen and lower chest, just below the breast bone. The pain can last from one hour up to a full day. **The pain does not radiate to the left arm**. Esophageal dilation may occur if your pouch is too full; it is not dangerous and pain medication will not help. Try to relax and it will go away spontaneously.

Pneumonia

Surgery and decreased activity limit the expansion of the lungs, creating an environment for pneumonia. **Using the incentive spirometer** as instructed will help to expand the lungs. **Walking** soon after surgery also helps expand the lungs and decreases the chance of developing pneumonia. Signs and symptoms include elevated temperature greater than 101.5 degrees and difficulty breathing.

Stricture or Obstruction

For gastric bypass patients, the opening from the newly created small stomach pouch may narrow or close. This will occur three to six weeks after surgery with vomiting as you try to eat more solid foods. The obstruction can usually be opened by performing an endoscopic examination as an outpatient procedure.

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Ulcer

There is a small chance of developing an ulcer after bypass surgery. You will be prescribed a proton pump inhibitor (PPI) medication to take daily for a year.

Vomiting

Vomiting is often a result of overfilling the small stomach pouch, drinking liquids too soon after a meal or not chewing food well. Eat slowly, chew your food well and stop eating at the first indication that you are full (satiety). Excessive nausea or vomiting should be reported to the team to be evaluated for risk of dehydration.

Wound Concerns

- Patients will be provided with a **presurgical scrub** at the Pre-op Evaluation to use the night before surgery to decrease the chance of wound infection.
- If wound separation occurs, it is usually not very deep and is not a serious problem.
- It is common to have drainage of clear to reddish fluid from your wound in the first week or two after surgery.
- A small amount of blood can make the fluid appear bright red. A reddish appearance is no cause for alarm.
- If you notice signs and symptoms of infection (pus-like discharge, red streaks, fever, swelling or pain at incision sites), notify medical personnel.
- Contact our office with any concerns as soon as you notice any signs of infection or excessive drainage.

Long-Term At-Risk Considerations

- Gallstones and kidney stones
- Gastric outlet strictures
- Internal hernias
- Malnutrition
- Marginal or stomal ulcer secondary to the use of nonsteroidal anti-inflammatory drugs
- Nutritional deficiencies
- Periodontal disease
- Pregnancy is contra-indicated for 18-24 months post-bariatric surgery because of the rapid weight reduction resulting nutritional deficiencies (Thomas & Taub, 2010).
- Small bowel obstructions

Reflux

Reflux is common after sleeve surgery. You may need to increase your PPI medication. Eat more slowly and take smaller portions. Sit upright for a minimum of 30 minutes after eating. Do not lie down right after eating. Avoid foods that are spicy or acidic (coffee, tea, tomatoes).



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Vitamin and Mineral Supplementation

Due to your decreased volume and variety of food, it will be difficult to consume adequate amounts of various nutrients. The following vitamin and mineral supplements are required to insure proper lifelong levels of nutrients due to malabsorption and eating less food after surgery. **Vitamin and mineral supplementation is a LIFELONG requirement after bariatric surgery (refer to AACE/TOS/ASMBS 2013 Clinical Practice Guidelines online).**

1. Daily multivitamin plus minerals (twice a day)

Chewable and must contain minimally:

- Folate 400mg
- Iron 18mg
- Zinc 15mg
- Thiamine

2. Calcium citrate (1,200-1,500mg) with vitamin D (3,000IU)

- Must be in citrate chewable form (1,200-1,500mg per day, in divided doses of 500-600mg)
- Chewables can be ordered online from various vendors. Citracal Petit capsules are available in most drug stores.
- If you are on iron supplements or iron in the multivitamin, *separate iron supplements from your calcium by at least two hours.*

3. Iron (may need if your iron levels are low)

- Women who are menstruating or who have a history of anemia, take with your multivitamin or vitamin C for enhanced absorption
- You may also wish to take an over the counter stool softener when starting iron supplements as they may cause constipation and dark colored stool.

4. B12

- You will require B12 by your three-month post-op visit and at intervals thereafter. Remember to discuss B12 at your clinic appointment. Refer to the FAQ section for more information on B12.

Medications

Your diabetes and blood pressure medications may need to be reduced, stopped or otherwise adjusted after surgery. **Follow up with your primary care doctor who normally prescribes these medications as soon as possible after surgery.** Also, if possible, keep a log of your blood sugar and blood pressure if you are on these medications to help determine changes in dosage.

You will require lifelong vitamin and mineral supplementation. These will need to be in **chewable form** (no tablets or capsules) for the **first two months after surgery.** Follow the recommendations of the dietitian and your doctors to help maintain these levels appropriately. **You should at minimum be taking two chewable multivitamins daily with iron (morning and night) and 1,200-1,500mg of chewable calcium citrate (with vitamin D) in divided doses.** Vitamins containing iron should be separated from calcium by a minimum of two hours to allow proper absorption. This should start during your pre-op liquid diet and continue as soon as you are home from the hospital.

You may take Tylenol (acetaminophen) for headaches or mild pain after you stop taking prescribed pain medication. Milk of magnesia, Benefiber or Miralax OTC may be used for constipation. Choose small pills (or sugar-free liquid forms) and take one at a time, allowing 10 minutes between pills. **Never** take a handful of pills at once as this can lead to a blockage.

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Medications to Avoid

Changes in the structure of your stomach and absorption in your intestines does not allow your body to utilize some medications. **Use extreme caution when taking diuretics, NSAIDS and anticoagulants. Time- and extended-released medications should be avoided.** Consult your bariatric doctor and pharmacist if you are unsure if a medication is appropriate or can be crushed. These medications should be avoided after surgery:

- Advil
- Meclomen
- Alka Seltzer
- Mobic
- Anacin
- Motrin
- Ascription
- Nalfon
- Aspirin
- Norgesic
- Bufferin
- Tolectin
- Coricidin
- Vanquish
- Cortisone
- Dolobid
- Empirin
- Excedrin
- Feldene
- Fiorinol
- Ibuprofen

Other Things to Avoid

- Use of straws
- Ice chewing
- Gum chewing



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Signs and Symptoms of Vitamin and Mineral Deficiencies

Adequate intake of vitamins and minerals is essential for optimal health. After bariatric surgery, you are at significant risk for malnutrition because your intake and/or absorption of these nutrients is compromised. You can protect yourself from nutrient deficiencies by proactively committing to your **daily vitamin and mineral supplement routine for a lifetime**. Because

everyone is unique, it is also important to follow up with routine labs as recommended by the bariatric team to determine if additional supplementation is needed. Below is a list of common signs and symptoms you might experience if you do not adhere to these recommendations.

Vitamin/Minerals	Deficiency Cause	Symptoms	Prevention
Iron	Inadequate dietary intake, decreased tolerance to iron rich foods (e.g. meats), malabsorption	Fatigue, rapid heart rate, decreased work capacity, impaired learning ability	Bypass or sleeve: Two multivitamins with iron daily (minimum total of 36mg of iron per day)
Vitamin B12	Inadequate intake, decreased tolerance to B12 rich foods, malabsorption, medication interactions	Fatigue, light-headedness, vertigo, palpitations, rapid heart rate, ringing in ears, numbness, irritability, sore tongue	Bypass and sleeve: 1,000mcg monthly, injections starting three months after surgery or 500mcg nasal weekly. Or take 1,000mcg sublingual daily
Calcium	Inadequate intake, decreased tolerance to calcium rich foods, malabsorption	Leg cramping, muscle spasms, tingling in arms, hands and legs, bone loss	Take 1,200-1,500mg calcium citrate daily. Divide dose into two to three tablets daily (500mg-600mg per dose). Separate from multivitamin containing iron by two to four hours.
Vitamin D	Inadequate intake, decreased sun exposure, decreased bioavailability with excess body fat, malabsorption	Bone loss, bone pain, muscle weakness, increased risks for chronic diseases including cancer, heart disease, diabetes and kidney disease	Calcium supplement should contain between 400-800 I.U. vitamin D. Current guidelines recommend a minimum goal of 3,000 I.U. daily.

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Protein Supplement Comparisons

Drinks	Kcal	Protein	Sugar	Fat	Where To Buy
Atkins Shakes, 11oz	160	15	1	10	Walmart, Target, grocery stores
Bariatric Advantage meal replacements, one packet	160	27	0.5	2	BariatricAdvantage.com (800) 898-6888 UFHEALTH
Body Fortress Whey Protein Powder, one scoop	270	25	3	4	CVS, Walgreens, Walmart
Boost Glucose Control, 8oz	190	16	4	7	Grocery stores, Walmart
Carnation Instant Breakfast (no sugar added), 11oz	150	13	12	5	Grocery stores
Celebrate ENS	140	25	4	0.5	CelebrateVitamins.com (877) 424-1953
Premier Protein	160	30	1	3	Sams Club, PremierProtein.com
Designer Whey Protein Powder, one scoop	100	18	0	2	GNC, The Vitamin Shoppe
EAS AdvantEDGE Carb Control, 11oz	110	17	0	3	CVS, Walgreens, Big Kmart
Jillian Michaels Natural Whey Protein Powder, one scoop	100	15	3	2	Walmart
Nature's Best Isopure Zero Carb, 20oz	260	40	0	0	GNC, The Vitamin Shoppe
Nature's Best Isopure Zero Carb Powder, two scoops	210	50	0	1	GNC, The Vitamin Shoppe
Muscle Milk Light, 8oz	100	15	0	2.5	GNC, Target, Walmart
Optisource, 8oz	200	24	0	6	Walgreens.com (800) 828-9194 (888) 240-2713 (Nestle)
Slim Fast Low Carb, 11oz	180	20	1	9	CVS, grocery stores
Syntrax Nectar, one scoop	100	23	0	0	SI03.com (866) 333-7403
Unjury powder (unflavored), one scoop	80	20	0	0	Unjury.com (800) 517-5111
Beneprotein powder (unflavored), one scoop	25	6	0	0	Walgreens.com (800) 828-9194 (888) 240-2713

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After Weight Loss Surgery: The First Few Weeks

After weight loss surgery, you must give your body and mind time to adjust. For example, you may feel very tired and have difficulty drinking enough fluids or protein because of a decrease in hunger. You may feel very emotional and experience feelings of regret. All of these are normal and they typically pass with time. It is important to have a good support system in place to help you deal with the changes you may experience. We offer weight loss surgery support groups twice a month at no cost to you. In addition, health care team members will help you adjust to the changes that occur after weight loss surgery:

- Your surgeon will manage your care after surgery. Keep all appointments and ask any questions you may have.
- Your program manager is always available to help you. Call if you need support or have any questions.
- A dietitian can help you set up a nutrition plan specific to your needs.
- A fitness professional can discuss fitness goals and help you design a program specific to your needs and physical limitations.
- A mental health professional can help you adjust to the psychological changes associated with weight loss surgery.

Call your program manager to make an appointment with a dietitian, fitness professional and/or mental health professional. It has been statistically proven that patients who participate in therapies after weight loss surgery lose more weight than those who do not. They are also able to better maintain their new weight. We recommend our *Success Program*. This program features coaching sessions with a dietitian, fitness professional and psychologist, which will help you achieve your weight loss goals and help insure lifelong weight loss success. To enroll in the *Success Program*, call your bariatric program manager.

After Weight Loss Surgery: The First Year

This is called the honeymoon period. Most patients typically experience a period of rapid weight loss during the first year after surgery. You may feel as though nothing you do (or fail to do) could stop you from losing weight. But this period will eventually end. Your hunger may return, and your weight loss will taper off and stabilize. Apply your new lifestyle during the first year so that it becomes normal for you.

After Weight Loss Surgery: Year Two and Beyond

When the honeymoon period ends, you will find that what you eat takes on even greater importance and will affect your weight. This is true whether you are still losing weight or maintaining your weight loss. This is also the time that making poor food choices will cause weight gain or weight plateau. It is important that you find the support to assist you with identifying the reasons for poor choices and to recognize difficulties with making positive lifestyle changes. You may want to reach out to your support group, weight loss team or a behavioral health specialist. If you continue to do things the way you did before your surgery, you will achieve the same results – weight gain.

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Frequently Asked Questions

Why do I have to stop smoking?

Smoking leads to complications during and after surgery. We want you to be successful with your decision to have weight loss surgery and eliminate any unhealthy habits that would not lead to improving your health and lifestyle.

Will I lose my hair? Can I prevent hair loss?

Hair thinning can occur due to nutrient changes in your body. Meeting your protein goal, and vitamins and mineral supplements each day can help. Hair loss is usually noted three months after surgery; after seven months regrowth begins. Not everyone has hair loss and it is temporary. Taking zinc and biotin may be suggested by your doctor.

When can I go home after surgery?

Usually patients stay three days and two nights in the hospital. You will not be discharged until your medical team is comfortable that you can tolerate small sips of water and protein supplement (Optisource). Do NOT force this process; we want to discharge you so you can be successful with your new knowledge and habits.

Is it normal to feel full and that food is “stuck?”

Yes, after surgery you will have a different feeling. During surgery you were intubated (a breathing tube was placed down your windpipe) and you may have a sore throat or hoarse voice. This is temporary. If you have **ANY breathing difficulties**, notify your medical team immediately or call 911 if you are at home. Remember, surgery affects how food travels in your digestive system and your satiety (feeling full). You are going to feel different. Time, patience and knowledge will help you be successful and healthy.

Do I have to take B12? My primary doctor said my levels are fine.

Yes. It is believed most patients have enough B12 in your body for the first three months after surgery but after that, due to the weight loss surgery, your body will no longer be able to absorb enough B12 through your digestive system to keep you healthy. Have your primary doctor speak with our bariatric medical team if you have concerns.

Can I get B12 over the counter or do I need a prescription?

You have three choices of how get B12:

- Sublingual-SL (under the tongue): 350-500mcg every day. No prescription is required and it is available over the counter.
- Intramuscular-IM (a shot): Every month or less frequently depending on your doctor's preference and your B12 lab levels. By prescription only.
- Nasal: 500mcg weekly, by prescription only

How often do I need to see a doctor after surgery?

You will have appointments for the first year with your primary doctor, your bariatric surgeon and physician assistant. Your postsurgical appointments should be at two weeks, three/six/twelve months, and then yearly. Our patient care coordinators provided you with a form listing your scheduled appointment dates. The appointments are located in the Surgical Associates Clinic on the 1st floor.

How often do I need to see the dietitian?

You are scheduled to see our dietitian twice (at minimum) before surgery and again after surgery. Following up with appointments is key to your success and compliance. If you have concerns that would prevent you from making your appointments, please share them with the bariatric coordinator.

What should I do about medications I was taking before surgery? Should I continue taking them?

It is your responsibility to ensure that your primary or prescribing doctor(s) are aware that your medications may need to be adjusted after surgery. DO NOT just stop taking medications after your surgery without consulting your doctor. Plan ahead — contact your primary doctor and discuss the possibility that your medications may need to be adjusted, especially diabetes and blood pressure medication. Also, medications should be in crushable, chewable or liquid form for two months after surgery. Time-release medications are NOT recommended after surgery. Contact your prescribing doctor(s) prior to surgery. Do not wait until the last day or after surgery.

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How many pills can I take at once?

If the medication cannot be converted to chewable or liquid you can take **one pill every 10 minutes** if ordered by your physician. NEVER take a handful of pills; this can lead to a blockage. The pill should be smaller than a regular M&M candy.

When can I exercise?

Exercise should be similar to eating — creating a new lifestyle habit. Begin walking as soon as possible; this may even be four to six hours after surgery once the anesthesia has worn off. The first week you may be limited by fatigue and mild pain. Walk around the house or in a mall with air conditioning and areas to sit and rest. Your discharge instructions recommend no heavy lifting greater than 10-15lbs. When you return for your two-week postsurgical appointment, you likely will be cleared to return to work and can begin exercising (going to the gym, swimming, stationary bike etc.). It is recommended that your long term exercise goal would be 30 minutes or three 10-minute sessions each day. Get your body moving — a body in motion stays in motion.

I don't like to exercise. Will not exercising affect my weight loss after I have surgery?

Yes. Not exercising affects the simple equation of calories in and calories out. Regular exercise is another habit you need to develop after committing to weight loss surgery. Find exercise you enjoy and that you can also do by yourself prior to having surgery. Use free smart phone exercise applications to help you know how you are doing, or join a gym.

When can I go back to work?

Your discharge instructions recommend no heavy lifting greater than 10-15lbs for three weeks. When you return for your two-week follow-up appointment, your ability to return to work can be addressed. Depending on your type of work, you may be cleared after two weeks to return to work.

Where do I buy vitamin and mineral supplements?

Where you buy them is your choice. We recommend seeking quality brands that are bariatric specific. Some individuals choose online, others go to a local drugstore, health food store, vitamin specialty shop or supermarket. If you have questions about the multiple choices of brands, ask a bariatric team member or call the company for product knowledge. Purchase your vitamins and supplements prior to your surgery so they will be available when you get home. You will need to take these every day for the rest of your life to avoid serious nutrient deficiencies.

The vitamins and minerals you need to take every day

- Multivitamin with iron
- Calcium citrate with vitamin D (the recommended form is calcium CITRATE, not calcium carbonate or phosphate)
- Vitamin B12 (if sublingual)

How will I stop losing weight?

The largest amount of weight loss is usually during the first 18-24 months. After that, you will notice a plateau in your weight. How well you commit and dedicate yourself to your lifetime habits after weight loss surgery will affect how quickly you stop losing weight and start adapting to your new body.

What else do I need to remember after weight loss surgery?

- No smoking. If you had to quit for the surgery, keep at it.
- Make exercise a regular part of your life. Enjoy your journey in your new body!
- Follow up with a doctor yearly and provide us with annual labs. We suggest these labs be checked by a health care provider at least annually:
 - CBC CMP
 - Lipids TSH HA1C
 - Iron TIBC Ferritin
 - Vitamin D (25 hydroxy)
 - B12

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My Medical Questions and Notes

Use these pages to write notes or questions to ask your surgeon, nurse or any member of your weight loss team.

Questions and Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

A Final Note

The BayCare Weight Loss Surgery Program at St. Anthony's Hospital wants to help you on your journey to better health. Following the instructions in this guide will help ensure that you will heal as fully and as quickly as possible, and that you will be successful at reaching your weight loss goals. If you have any questions, talk to your surgeon or program manager. On behalf of your St. Anthony's Hospital team, we wish you a speedy recovery and success with your health and weight loss goals. We know that you have many choices when it comes to your health care needs. Thank you for choosing us to provide your care.



